* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ADAMS	Capital Advantage Insurance Compar	NV SeniorBlue PPO							\$124.00	\$27.01							84	
71.07 11110	Gateway Health Plan Medicare	9			1				ψ12 1.00	Ψ27.01							<u> </u>	
	Assured	Gateway Health Plan Medicare Assured	۱.					j	\$24.58	\$24.58							83	
	Highmark Inc.	FreedomBlue PPO Value Central PA	<u> </u>	•				\vdash	\$0.00	ΨΣ-1.00		-		<u> </u>		-	- 00	
	i iigi iiidii iiidi	FreedomBlue PPO Standard Central PA		•				\vdash	\$63.00	\$18.23	•	-		•		-	87	•
		FreedomBlue PPO Deluxe Central PA	1	•	1				\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091	1		1	•		\vdash	\$0.00	\$0.00	-			•			97	•
	Tidilialia ilisurance Company	HumanaChoicePPO PPO R5826-015	 		•		-	\vdash	\$36.00	ψ0.00 -				•			31	
	+	HumanaChoicePPO PPO R5826-029	1					\vdash	\$77.00	\$14.42							97	
		HumanaChoicePPO PPO R5826-002			├			\vdash	\$86.00	\$22.81	•			•		-	97	- :
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1		· •			\vdash	\$0.00	φ22.61	•			•			31	•
	Securer forizons bliect	SecureHorizons Direct Premier Plan 200			1	•		\vdash	\$85.00	-		-				-		
	Sterling Option I	Sterling Option I			1	-		\vdash	\$9.00	-		-				-		
	Unison Health Plan	Unison Advantage Choice			 	•		\vdash	\$32.59	\$32.59		-				-	94	
	Offisori Fleatiff Flatt	Unison Advantage Plus	-		ļ			\vdash	\$32.59	\$32.59			- :	<u> </u>			82	
		Unison Advantage Prus Unison Advantage Preferred	:		ļ			\vdash	\$96.51	\$49.16							94	
ALLEGHENY	Advantra PPO	Advantra PPO Gold	<u> </u>		ļ			\vdash	\$100.00	\$21.53			•	•			98	
ALLEGNENT			1	•	ļ			\vdash									94	•
	Elder Health Pennsylvania, Inc. Gateway Health Plan Medicare	Elder Health	•		<u> </u>			\vdash	\$0.00	\$0.00	•			•			94	•
		O-town Hardth Dies Mardiness Assessed						j	604.50	60450							00	
	Assured HealthAmerica Advantra	Gateway Health Plan Medicare Assured Advantra MA Only	•		<u> </u>			\vdash	\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra		•					\vdash	\$20.00	-							70	
		Advantra Silver	•					\vdash	\$54.00	\$11.12	•			•			76	•
		Advantra Gold	•					\vdash	\$69.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		٠				igsquare	\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\vdash	\$36.00	-							07	
		HumanaChoicePPO PPO R5826-029			•			igsquare	\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\vdash	\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093	ļ			•		\vdash	\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•		ļ		—	\vdash	\$0.00	-							07	
		SecurityBlue Value RX Southwestern PA	•		ļ		 	\vdash	\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•					igspace	\$45.00	\$18.23	•			•			87	•
	0: 1: 0::1	SecurityBlue Deluxe Southwestern PA	•		ļ		 	\vdash	\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I	<u> </u>			•		igspace	\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•					igsquare	\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•					igspace	\$32.59	\$32.59			•				82	
	LIDIAO III III DI	Unison Advantage Preferred	•					igsquare	\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•					igsquare	\$0.00									
<u> </u>		UPMC for Life Specialty Plan	•					igsquare	\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•					igsquare	\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•				igsquare	\$75.76	-								
1		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost		•			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Gateway Health Plan Medicare																	
ARMSTRONG	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$39.00	\$11.12	•			•			76	•
		Advantra Gold	•						\$54.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•					\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00									
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•				<u> </u>		\$0.00	-								
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•				<u> </u>		\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I				•			\$9.00									
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•				<u> </u>		\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00									
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•				<u> </u>		\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76									
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
BEAVER	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured							\$24.58	\$24.58							83	
DEXTER	HealthAmerica Advantra	Advantra Silver	•						\$39.00	\$11.12	•	1					76	•
	Trodition another rearrant	Advantra Gold	•						\$54.00	\$21.53	•			•	-		98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA							\$86.00	\$18.23		1		•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015		i i	•	1	1		\$36.00	ψ10.20 -		1		•			- 07	·
	Tramana modraneo company	HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
	1	HumanaChoicePPO PPO R5826-002	1		•	1	1		\$86.00	\$22.81	•	<u> </u>		•	1		97	•
	1	Humana Gold Choice PFFS H1804-093	1		1	•	1		\$104.00	\$21.16	•	1		•	1		97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA							\$0.00	-								
	, , , , , , , , , , , , , , , , , , , ,	SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
	i	SecurityBlue Standard Southwestern PA	•	1	1	1	1	1	\$45.00	\$18.23	•			•	1		87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-							-	
		SecureHorizons Direct Premier Plan 100		1	1	•	1	1	\$95.00	-	1				1			
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•	1	1	1	1	1	\$32.59	\$32.59	1		•	•	1		94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred				1	†		\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•	1	1	1	1	1	\$0.00	-	1				1			
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
	i	UPMC for Life HMO Rx	•	1	1	1	1	1	\$74.00	\$22.00	1	•		•	1		85	•
		UPMC for Life PPO		•					\$75.76	-								
	1	UPMC for Life PPO Rx	1	•	1	1	1		\$121.00	\$32.00	1	•		•	1		85	•
	1	or motor bilet i o itx	1		·	1		·	Ψ121.00	Ψ02.00	·				·			

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		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BEDFORD	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•	Ĭ		•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset							\$17.00	-								
		SecurityBlue Value RX																ĺ
		Bedford/Blair/Somers	•		1				\$42.00	\$18.23	•			•			87	•
		SecurityBlue Standard																
		Bedford/Blair/Somers	•						\$62.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe													1			
		Bedford/Blair/Somerset	•						\$89.00	\$37.41	•			•	•		87	•
	Sterling Option I	Sterling Option I				•			\$9.00	-					1			
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
BERKS	Amerihealth 65	AmeriHealth 65	•						\$23.68	\$23.68			•				88	
	Capital Advantage Insurance Company	SeniorBlue PPO							\$97.00	\$27.01				•			84	
	Gateway Health Plan Medicare																	ł
	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	1
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$50.00	-								
		GHP Gold Choice Standard Rx				•			\$73.00	\$23.28		Ī	•				72	•
		GHP Gold Choice \$0 Deductible Rx				•			\$74.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•			\$86.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value Central PA		•					\$0.00	-		Ī						
		FreedomBlue PPO Standard Central PA		•					\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•					\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-		1						1
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	Senior Blue Option 4	•	1		1		1	\$27.00	-	1	1		İ	1	İ		ſ
		SeniorBlue Option 3	•						\$51.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•	1		1		1	\$97.00	\$27.01	1	•		•	1	İ	84	•
		SeniorBlue Option 1	•	1		1		1	\$132.00	\$27.01	1	•		•	1	İ	84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•	†		\$0.00	-								
		SecureHorizons Direct Premier Plan 200	1	1		•	1	1	\$85.00	-	1	1		1	1	1		i
	Sterling Option I	Sterling Option I	1	1		•	1	1	\$9.00	-	1	1		1	1	1		i
	Unison Health Plan	Unison Advantage Choice	•		 	t	-		\$32.59	\$32.59	 	 	•	•	-		94	
	C.I.O. I Floridi Fidin	Unison Advantage Plus	•		 	†	-		\$32.59	\$32.59	 	 	•	⊢ Ť	-		82	
-		Unison Advantage Preferred	-		 	 	 	-	\$96.51	\$49.16	+	-	•		 	 	94	
-		Sincer / Lavaritage / Tolollea	⊢ •		 	 	 	-	ψου.σ ι	ψ-10.10	+	-			 	 	J-1	
	United HealthCare Insurance Company	Evercare Plan P		•					\$31.24	\$31.24	•			•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
county	Gateway Health Plan Medicare	, iai raiio				00.7.00		 1 1011110111)		20.0	11000000	(\$200)	2.490	0,	Brando	. c.maa.y	0.10.00
BLAIR	Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$31.00	-								
		GHP Gold Select Standard Rx	•					\$54.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$55.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$67.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-								
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		٠				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO West Central PA		•				\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset SecurityBlue Value RX	•					\$17.00	-								
		Bedford/Blair/Somers	٠.					\$42.00	\$18.23							87	
		SecurityBlue Standard	_					ψ+2.00	ψ10.20	1						- 07	·
		Bedford/Blair/Somers						\$62.00	\$18.23	•						87	
		SecurityBlue Deluxe						¥ 0 = 10 0									
		Bedford/Blair/Somerset	•					\$89.00	\$37.41	•			•	•		87	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•					\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•					\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•					\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•					\$0.00	-								
		UPMC for Life Specialty Plan	•					\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•					\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•				\$75.76	-								
		UPMC for Life PPO Rx		•				\$121.00	\$32.00		•		•			85	•
BRADFORD	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•		\$0.00	-								
		GHP Gold Choice Standard Rx				•		\$23.00	\$23.00			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•		\$24.00	\$23.68	•			•			72	•
	11	GHP Gold Choice Enhanced Rx				•	<u> </u>	\$36.00	\$35.66	•	ļ		•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091			ļ	•	 	\$0.00	\$0.00	•	ļ		•	 	 	97	•
-		HumanaChoicePPO PPO R5826-015	-	1	•		1	\$36.00	-	 	1		1	1	1	07	
-		HumanaChoicePPO PPO R5826-029	-	1	•		1	\$77.00	\$14.42	<u> </u>	•			1	1	97	•
-	Conventioning Direct	HumanaChoicePPO PPO R5826-002	-	1	•		1	\$86.00	\$22.81	•	1		•	1	1	97	•
<u> </u>	SecureHorizons Direct	SecureHorizons Direct Plan 1				•	-	\$0.00	-		 	1	-				
<u> </u>	Sterling Option I	SecureHorizons Direct Premier Plan 200				•	-	\$85.00 \$9.00	-		 	1	-				
<u> </u>		Sterling Option I	-	-	-	•	1	 \$9.00	-	-	 	-	-	-	-	-	
<u> </u>	Today's Option	Today's Options Basic Today's Options Premier	-	-	-	•	1	 \$23.95	-	-	 	-	-	-	-	-	
L		rouay's Options Premier		<u> </u>	I	<u> </u>	1	 \$37.95		I	l .	l .	1	<u> </u>	I	l	

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		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BUCKS	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plar	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Choice Value Plan		•					\$85.00	\$31.26			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.41	•			•	•		97	•
		Aetna Golden Choice Standard Plar		•					\$95.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.41	•			•	•		97	•
	Elder Health Pennsylvania, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$32.59	\$32.59			•				94	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•						\$0.00	-								
	•	Keystone 65 Complete	•						\$25.44	\$25.44			•				88	
		Keystone 65 Value Rx Option I	•						\$35.00	\$35.00			•				97	•
		Keystone 65 Value Rx Option I	•						\$42.00	\$42.00	•			•			97	•
		Keystone 65 Standard Medical Only	•						\$50.00	-								
		Keystone 65 Standard Rx Option	•						\$85.00	\$35.11			•				97	•
		Keystone 65 Standard Rx Option I	•						\$92.00	\$43.17	•			•			97	•
		Keystone 65 Direct Medical Only	•						\$92.00	-								
		Keystone 65 Standard Rx Option II	•						\$120.00	\$67.25	•			•		•	97	•
		Keystone 65 Direct Rx Option II	•						\$134.00	\$43.17	•			•			97	•
		Keystone 65 Direct Rx Option III	•						\$162.00	\$67.25	•			•	•		97	•
	Personal Choice 65	Personal Choice 65 Value Medical Only		•					\$120.00	-								
		Personal Choice 65 Standard Medical Only							\$130.00									
		Personal Choice 65 Value Rx Option		•					\$155.00	\$35.11							97	•
		Personal Choice 65 Value Rx Option II		•					\$162.00	\$42.11	•						97	•
		Personal Choice 65 Standard Rx Option I							\$165.00	\$35.11	-						97	•
		Personal Choice 65 Standard Rx Option II							\$172.00	\$42.11	•						97	•
		Personal Choice 65 Standard Rx Option III							\$229.00	\$60.11	•			•			97	•
	Senior Partners	Senior Partners Silver	•						\$22.63	\$22.63	•			•			87	
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United HealthCare Insurance Company								\$31.24	\$31.24	•						97	•
	www.evercareonline.com	Erickson Advantage No Rx						•	\$90.00	-								
		Erickson Advantage						•	\$135.00	\$44.71	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

inolado o	omiacio, piane approved ac	Description	autu u	000 11	0110110	011710		garnz		i pioyor o	Cost	od pidin	3, 01 110	1		erage		Convenience
			Me		ype of Advantage	Plan						rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		CONTONIONIC
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Gateway Health Plan Medicare												(4200)	gc	J,			
BUTLER	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$39.00	\$11.12	•			•			76	•
	I l'abor est la c	Advantra Gold	•				<u> </u>		\$54.00	\$21.53	•			•			98	•
	Highmark Inc. Humana Insurance Company	FreedomBlue PPO Southwestern PA HumanaChoicePPO PPO R5826-015		•					\$86.00 \$36.00	\$18.23	•			•			87	•
	Humana insurance Company	HumanaChoicePPO PPO R5826-019	1		<u> </u>		1		\$77.00	\$14.42							97	
		HumanaChoicePPO PPO R5826-002			-				\$86.00	\$22.81	•	<u> </u>		•			97	•
		Humana Gold Choice PFFS H1804-093	1			•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•	<u></u>					\$0.00	-								<u> </u>
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
	10. 5. 0.5. 1	SecurityBlue Deluxe Southwestern PA	•	ļ			<u> </u>		\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I	-	<u> </u>		•	<u> </u>		\$9.00	- \$22.50	ļ	ļ			<u> </u>		0.1	
	Unison Health Plan	Unison Advantage Choice Unison Advantage Plus	•	-			ļ		\$32.59 \$32.59	\$32.59 \$32.59			•	•			94 82	
		Unison Advantage Preferred	•				1		\$96.51	\$32.59 \$49.16			•				94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	φ43.10				•			34	
	or morrodian rian	UPMC for Life Specialty Plan					†		\$19.12	\$19.12							85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		٠					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
	Gateway Health Plan Medicare																	
CAMBRIA	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	٠						\$31.00	-								
		GHP Gold Select Standard Rx GHP Gold Select \$0 Deductible Rx	•	-			ļ		\$54.00	\$23.28			•				72	•
		GHP Gold Select 50 Deductible RX	+ :				<u> </u>		\$55.00 \$67.00	\$23.68 \$35.66	•			•			72 72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred	Ť	•			1		\$105.00	ф35.00 -	·			•			12	•
	Geisinger Fleatur Flair Gold Freierred	GHP Gold Preferred Standard Rx		·					\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•			†		\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•					\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Manager Haalib Diag Wast Inc.	Humana Gold Choice PFFS H1804-093				•	<u> </u>		\$104.00	\$21.16	•			•			97	•
-	Keystone Health Plan West, Inc.	SecurityBlue Value By Southwestern PA	•	 		<u> </u>	1	-	\$0.00 \$25.00	\$18.23	 	1			1		87	
	+	SecurityBlue Value RX Southwestern PA SecurityBlue Standard Southwestern PA	•	1		1	1		\$25.00 \$45.00	\$18.23	•	1		•	1		87 87	•
-		SecurityBlue Deluxe Southwestern PA	-	1		1	 		\$96.00	\$37.36	<u> </u>	1		- :			87	•
	Sterling Option I	Sterling Option I	† Ť	1		•	t		\$9.00	φ37.30 -	†	1		- -	1		<u> </u>	<u> </u>
	UPMC Health Plan	UPMC for Life HMO	•	1					\$0.00	-	†	†		1				1
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-							•	
		UPMC for Life PPO Rx		•			<u> </u>		\$121.00	\$32.00	ļ	•		•			85	•
CAMERON	Highmark Inc.	FreedomBlue PPO West Central PA	1	•		ļ			\$79.00	\$18.23	•	1		•	1		87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015	1		•		<u> </u>		\$36.00	-	ļ	ļ					07	
	+	HumanaChoicePPO PPO R5826-029 HumanaChoicePPO PPO R5826-002	1	1	•	 	-	ļ	\$77.00	\$14.42		•		•	 		97	•
	+	Humana Gold Choice PFFS H1804-093	1	1	•		1		\$86.00 \$104.00	\$22.81 \$21.16	•	1		•	1		97 97	•
			-	-	-	- :	├	1	\$104.00	\$21.16	⊢ •	 	 		 		31	<u> </u>
	Sterling Option I	ISterling Option I																
	Sterling Option I Today's Option	Sterling Option I Today's Options Basic				- :			\$23.95	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description								Cost					erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduci	iible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CARBON	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$53.00	-			,	Ţ.			·	
		GHP Gold Select Standard Rx	•					\$76.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$77.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$89.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-								
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
CENTRE	Capital Advantage Insurance Company			•				\$113.00	\$27.01							84	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				٠		\$40.00	-								
		GHP Gold Choice Standard Rx				•		\$63.00	\$23.28			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•		\$64.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•		\$76.00	\$35.66	•			•			72	•
	HealthAmerica Advantra	Advantra	•					\$17.00	\$16.58	•			•			76	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•					\$44.00	-								
		SeniorBlue Option 3	•					\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•					\$117.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•					\$157.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Today's Option	Today's Options Basic				•		\$23.95	-								
		Today's Options Premier	<u></u>	<u></u>	<u></u>	•	l	\$37.95	-	<u> </u>		L	<u> </u>			<u> </u>	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	•				erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHESTER	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-			(4200)	g-	,			
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Choice Value Plan		•					\$85.00	\$31.26			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.41	•			•	•		97	•
		Aetna Golden Choice Standard Plar		•					\$95.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.41	•			•	•		97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•						\$0.00	-								
		Keystone 65 Complete	•						\$25.44	\$25.44			•				88	
		Keystone 65 Value Rx Option I	•						\$35.00	\$35.00			•				97	•
		Keystone 65 Value Rx Option II	•						\$42.00	\$42.00	•			•			97	•
		Keystone 65 Standard Medical Only	•						\$50.00	-							97	
		Keystone 65 Standard Rx Option	•						\$85.00 \$92.00	\$35.11 \$43.17			•				97	•
		Keystone 65 Standard Rx Option I	•						\$92.00	\$43.17 -	•			•			97	•
		Keystone 65 Direct Medical Only Keystone 65 Standard Rx Option II	÷						\$120.00	\$67.25	•						97	
		Keystone 65 Standard RX Option II	÷						\$120.00	\$43.17	•			-		•	97	- : -
		Keystone 65 Direct Rx Option III	÷						\$162.00	\$67.25	•			- : -			97	- :
	Personal Choice 65	Personal Choice 65 Value Medical Only	<u> </u>						\$120.00	\$07.25	•			•	•		91	•
	1 cisorial offolioc ob	Personal Choice 65 Standard Medical Only							\$130.00	_								
		Personal Choice 65 Value Rx Option		•					\$155.00	\$35.11			•				97	•
		Personal Choice 65 Value Rx Option II		•					\$162.00	\$42.11	•						97	
		Personal Choice 65 Standard Rx Option I							\$165.00	\$35.11			•				97	•
		Personal Choice 65 Standard Rx Option II							\$172.00	\$42.11	•			•			97	•
	Sterling Option I	Personal Choice 65 Standard Rx Option III Sterling Option I							\$229.00 \$9.00	\$60.11	•			•		•	97	
	Otoming Option i	Otening Option (⊢ •	 	-	ψο.υυ	-			l	 				
CLADION	United HealthCare Insurance Compa Highmark Inc.	ny Evercare Plan P FreedomBlue PPO West Central PA		•					\$31.24	\$31.24	•			•			97	•
CLARION	Humana Insurance Company	HumanaChoicePPO PPO R5826-015		•	•	-	-	-	\$79.00 \$36.00	\$18.23 -	•	-	-	•			87	•
	numana insurance company	HumanaChoicePPO PPO R5826-019				 	-	l	\$77.00	\$14.42	 	•		1		 	97	
		HumanaChoicePPO PPO R5826-029			<u> </u>	 	-	l	\$86.00	\$22.81		-				 	97	•
		Humana Gold Choice PFFS H1804-093			<u> </u>	•	-	l	\$104.00	\$21.16	•	 		-		 	97	
	Sterling Option I	Sterling Option I				<u> </u>	 	-	\$9.00	φ21.10 -	<u> </u>		l	•			31	
	Unison Health Plan	Unison Advantage Choice	•			⊢ •		-	\$32.59	\$32.59	-	-	•	•		 	94	+
		Unison Advantage Plus	·						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					J = 1			Cost		,			erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CLEARFIELD	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$21.00	-								
		GHP Gold Select Standard Rx	•					\$44.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$45.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$57.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•					\$72.00	-								l
		GHP Gold Classic Standard Rx	•					\$95.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•					\$96.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•					\$108.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-								
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO West Central PA		•				\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
CLINTON	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$36.00	-								
		GHP Gold Select Standard Rx	•					\$59.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$60.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$72.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•					\$82.00	-								
		GHP Gold Classic Standard Rx	•					\$105.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•					\$106.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•					\$118.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•		\$50.00	-								
		GHP Gold Choice Standard Rx				•		\$73.00	\$23.28			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•		\$74.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•		\$86.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-								
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx	<u> </u>	•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015		ļ	•			\$36.00	-								<u> </u>
		HumanaChoicePPO PPO R5826-029	<u> </u>		•			\$77.00	\$14.42		•					97	•
	1	HumanaChoicePPO PPO R5826-002	ļ		•			\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		ļ		•		\$0.00	-								ļ
		SecureHorizons Direct Premier Plan 200		ļ		•		\$85.00	-								<u> </u>
	Sterling Option I	Sterling Option I		ļ		•		\$9.00	-								
	Today's Option	Today's Options Basic		ļ		•		\$23.95	-								<u> </u>
		Today's Options Premier		1	l	•		\$37.95	-								<u> </u>

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COLLINADIA	Capital Advantage Insurance Company	Caniar Diva DDO						£440.00	607.04							0.4	
COLUMBIA	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select		•			<u> </u>	\$113.00 \$36.00	\$27.01		•		•			84	•
	Geisinger Health Plan Gold				<u> </u>		 					_			-	70	
		GHP Gold Select Standard Rx	•		<u> </u>			\$59.00 \$60.00	\$23.28 \$23.68		<u> </u>	•				72 72	•
		GHP Gold Select \$0 Deductible Rx	٠				-	\$72.00									
		GHP Gold Select Enhanced Rx	•		<u> </u>				\$35.66	•	<u> </u>		•			72	•
		Geisinger Health Plan Gold Classic	•	-	 		1	\$82.00 \$105.00	\$23.28	 	 	•	-	 	 	72	
		GHP Gold Classic Standard Rx			<u> </u>						<u> </u>	•					•
		GHP Gold Classic \$0 Deductible Rx	•	-	 		1	\$106.00 \$118.00	\$23.68	•	 	 	•	 	 	72	•
	Oninina and Harable Blancould Obside	GHP Gold Classic Enhanced Rx	٠						\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice GHP Gold Choice Standard Rx				•	-	\$50.00	-							70	
						•	-	\$73.00 \$74.00	\$23.28			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•	-		\$23.68	•			•			72	•
	Oninina and Handle Blood Only Brothers of	GHP Gold Choice Enhanced Rx				•	-	\$86.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•			<u> </u>	\$105.00	-							70	L
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•			<u> </u>	\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•	<u> </u>	\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•		<u> </u>	\$77.00	\$14.42		•					97	•
	W . II W BI O . I I	HumanaChoicePPO PPO R5826-002			•		<u> </u>	\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•					\$44.00	-								ļ
		SeniorBlue Option 3	•					\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•					\$117.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•					\$157.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Today's Option	Today's Options Basic				•		\$23.95	-								
00.111/5000	I Calcarate Inc.	Today's Options Premier				•		\$37.95	-							07	ļ
CRAWFORD	Highmark Inc.	FreedomBlue PPO Crawford/Erie/Mercer		•				\$81.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•		1	\$36.00	- 04440	 	1	-	1	1	1	07	
		HumanaChoicePPO PPO R5826-029			•		1	\$77.00	\$14.42	<u> </u>	•	-		1	1	97	•
	_	HumanaChoicePPO PPO R5826-002			•		├	\$86.00	\$22.81	•			•			97	•
	Kayatana Haalib Dlan Meet In-	Humana Gold Choice PFFS H1804-093			1	•	1	\$104.00	\$21.16	•	1	-	•	1	1	97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer	•				├	\$19.00	-								└
		SecurityBlue Value RX Crawford/Erie/Mercer						\$44.00	\$18.23							87	•
		SecurityBlue Standard Crawford/Erie/Mercer						\$64.00	\$18.23				•			87	
		SecurityBlue Deluxe Crawford/Erie/Mercer						\$91.00	\$37.39							87	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	UPMC Health Plan	UPMC for Life PPO		•				\$75.76	-								
		UPMC for Life PPO Rx		•				\$121.00	\$32.00		•		•			85	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						9			Cost		-, -: -: -			erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Type of A	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CUMBERLAND	Capital Advantage Insurance Company	SeniorBlue PPO							\$97.00	\$27.01		•		•			84	•
	Gateway Health Plan Medicare Assured	Cotourny I lookk Dlon Madisore Assured	•						\$24.58	\$24 F0							83	
	Geisinger Health Plan Gold Choice	Gateway Health Plan Medicare Assured Geisinger Health Plan Gold Choice	•						\$40.00	\$24.58	•			•			03	
	Geisinger Frediti Fran Cold Choice	GHP Gold Choice Standard Rx				•			\$63.00	\$23.28							72	
		GHP Gold Choice \$0 Deductible Rx				•			\$64.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•			\$76.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value Central PA		•					\$0.00	-								
		FreedomBlue PPO Standard Central PA		•					\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•					\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•	ļ		•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029 HumanaChoicePPO PPO R5826-002			•				\$77.00 \$86.00	\$14.42 \$22.81	•	•		_			97 97	•
	Keystone Health Plan Central, Inc	Senior Blue Option 4			•		-		\$27.00	φ22.01	<u> </u>			•			97	•
	Reystorie Health Flan Central, Inc	SeniorBlue Option 3	•						\$51.00	\$27.01		•		•			84	
		SeniorBlue Option 2	÷						\$97.00	\$27.01		•		•			84	:
		SeniorBlue Option 1	•						\$132.00	\$27.01		•	1				84	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-							0.	
		SecureHorizons Direct Premier Plan 200							\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
DAUPHIN	Advantra PPO	Advantra PPO Gold		•					\$77.00	\$27.58	•			•			98	•
	Capital Advantage Insurance Company Gateway Health Plan Medicare	SeniorBlue PPO							\$137.00	\$27.01				•			84	•
	Assured	Gateway Health Plan Medicare Assured							\$24.58	\$24.58							83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$30.00	φ24.36 -	·			•			63	
	Colonigor Frounti Francocia	GHP Gold Select Standard Rx	•						\$53.00	\$23.28		1	•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$54.00	\$23.68				•			72	•
		GHP Gold Select Enhanced Rx	•						\$66.00	\$35.66				•			72	•
		Geisinger Health Plan Gold Classic	•						\$78.00	-								
		GHP Gold Classic Standard Rx	•						\$101.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•						\$102.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	٠						\$114.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•					\$105.00	-								
		GHP Gold Preferred Standard Rx		•					\$128.00	\$23.28		<u> </u>	•				72	•
<u> </u>		GHP Gold Preferred \$0 Deductible Rx		•					\$129.00	\$23.68	•	1		•			72	•
	I lealth America Advantse	GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•	ļ	1	•			72	•
	HealthAmerica Advantra	Advantra Silver	•				-		\$47.00	\$11.12	•		1	•			76	•
<u> </u>	Highmark Inc.	FreedomBlue PPO Value Central PA FreedomBlue PPO Standard Central PA		•					\$0.00 \$63.00	- \$18.23		 	 				87	
		FreedomBlue PPO Standard Central PA		•					\$92.00	\$18.23	- : -	1	 	•			87	•
———	Humana Insurance Company	Humana Gold Choice PFFS H1804-091		Ť		•	+		\$0.00	\$0.00	- : -	1		•			97	-
		HumanaChoicePPO PPO R5826-015			•	Ť			\$36.00	-		1		i			J.	<u> </u>
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42			1				97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	Senior Blue Option 4	•						\$57.00	-							-	
		Senior Blue Option 3	•						\$81.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•						\$126.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•						\$164.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•				L		\$32.59	\$32.59	 	ļ	•				82	
		Unison Advantage Preferred							\$96.51	\$49.16	1						94	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	iible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DELAWARE	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•				\Box		\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Choice Value Plan		•					\$85.00	\$31.26			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.41	•			•	•		97	•
		Aetna Golden Choice Standard Plar		•					\$95.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.41	•			•	•		97	•
	Elder Health Pennsylvania, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•				i I		\$32.59	\$32.59			•				94	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•		╌		\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•		i l		\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•						\$0.00	-								
		Keystone 65 Complete	•						\$25.44	\$25.44			•				88	
		Keystone 65 Value Rx Option I	•				i l		\$35.00	\$35.00			•				97	•
		Keystone 65 Value Rx Option I	•						\$42.00	\$42.00	•			•			97	•
		Keystone 65 Standard Medical Only	•				i l		\$50.00	-								
		Keystone 65 Standard Rx Option	•						\$85.00	\$35.11			•				97	•
		Keystone 65 Standard Rx Option I	•						\$92.00	\$43.17	•			•			97	•
		Keystone 65 Direct Medical Only	•				i l		\$92.00	-								
		Keystone 65 Standard Rx Option II	•						\$120.00	\$67.25	•			•		•	97	•
		Keystone 65 Direct Rx Option II	•				i l		\$134.00	\$43.17	•			•			97	•
		Keystone 65 Direct Rx Option III	•						\$162.00	\$67.25	•			•	•		97	•
	Personal Choice 65	Personal Choice 65 Value Medical Only		•			-	ш	\$120.00	-								
		Personal Choice 65 Standard Medical Only		•					\$130.00	-								
		Personal Choice 65 Value Rx Option		•			ш	ш	\$155.00	\$35.11			•				97	•
		Personal Choice 65 Value Rx Option II		•			ш	ш	\$162.00	\$42.11	•			•			97	•
		Personal Choice 65 Standard Rx Option I							\$165.00	\$35.11			•				97	•
		Personal Choice 65 Standard Rx Option II						igsqcup	\$172.00	\$42.11	•			•			97	•
	Otadia a Outland	Personal Choice 65 Standard Rx Option III		•					\$229.00	\$60.11	•			•			97	•
	Sterling Option I	Sterling Option I	<u> </u>			•	\longrightarrow	├	\$9.00	-		<u> </u>				<u> </u>		
	United HealthCare Insurance Compan							igsquare	\$31.24	\$31.24	•			•			97	•
ELK	Highmark Inc.	FreedomBlue PPO West Central PA		•			\vdash	╙	\$79.00	\$18.23	•		ļ	•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•		ш	ldot	\$36.00	-								!
		HumanaChoicePPO PPO R5826-029			•		\vdash	لـــــا	\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•		\vdash	لـــــا	\$86.00	\$22.81	•	ļ		•			97	•
		Humana Gold Choice PFFS H1804-093				•	igspace	igspace	\$104.00	\$21.16	•			•			97	•
	Sterling Option I	Sterling Option I				•		لـــــــا	\$9.00	-	l	l			l			

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		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Gateway Health Plan Medicare									_								
ERIE	Assured	Gateway Health Plan Medicare Assured	•						\$24.58 \$81.00	\$24.58	•			•			83	
	Highmark Inc.	FreedomBlue PPO Crawford/Erie/Mercer		•		•				\$18.23 \$0.00	•			•			87 97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091 HumanaChoicePPO PPO R5826-015				•			\$0.00 \$36.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-029		1	- : -				\$77.00	\$14.42			1				97	•
		HumanaChoicePPO PPO R5826-002			- : -				\$86.00	\$22.81	•	<u> </u>		•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer	•						\$19.00	φ22.01 -	1		1				- 01	·
	,	SecurityBlue Value RX							V									
		Crawford/Erie/Mercer	•						\$44.00	\$18.23	•			•			87	•
		SecurityBlue Standard																
		Crawford/Erie/Mercer	•						\$64.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Crawford/Erie/Mercer	•						\$91.00	\$37.39	•			•	•		87	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
	0	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I Today's Option	Sterling Option I				•			\$9.00 \$23.95	-								
	Today's Option	Today's Options Basic							\$23.95	-								
	Unison Health Plan	Today's Options Premier Unison Advantage Choice				•			\$32.59	\$32.59				•			94	
	Offisoff Fleatur Flair	Unison Advantage Plus	•						\$32.59	\$32.59							82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			· :				94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
FAYETTE	Advantra PPO	Advantra PPO Gold		•					\$100.00	\$21.53	•			•			98	•
	Gateway Health Plan Medicare	_							_									
	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$0.00	\$0.00	•			•			76	•
	I Fabracal Inc	Advantra Gold FreedomBlue PPO Southwestern PA	•						\$25.00 \$86.00	\$21.53 \$18.23	•			•			98 87	•
	Highmark Inc. Humana Insurance Company	HumanaChoicePPO PPO R5826-015		•	<u> </u>	1			\$86.00		•			•			87	•
	numana insurance Company	HumanaChoicePPO PPO R5826-029			- :	1			\$77.00	- \$14.42			ļ	-			97	•
		HumanaChoicePPO PPO R5826-002			<u> </u>				\$86.00	\$22.81		•					97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•		1	•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•	i –					\$0.00	φ21.10							Ŭ.	
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•	<u> </u>		ļ			\$32.59	\$32.59			•	1			82	
	LIBNO II III BI	Unison Advantage Preferred	•	ļ	 				\$96.51	\$49.16	 	1	•	•	ļ	ļ	94	
	UPMC Health Plan	UPMC for Life HMO	•	<u> </u>					\$0.00	- 010.10	-			1	-		6-	
		UPMC for Life Specialty Plan	•	<u> </u>					\$19.12	\$19.12	-	•		<u> </u>	-		85	•
		UPMC for Life HMO Rx UPMC for Life PPO	•	•	 	1	 	 	\$74.00 \$75.76	\$22.00	 	· ·	<u> </u>		 	 	85	•
<u> </u>		UPMC for Life PPO UPMC for Life PPO Rx	-	•	 	 		 	\$75.76	- \$32.00	 	•			 	 	85	•
FOREST	Highmark Inc.	FreedomBlue PPO West Central PA		<u> </u>	1	1	-		\$79.00	\$18.23	•		1	- : -	1	1	87	•
JONEST	Humana Insurance Company	HumanaChoicePPO PPO R5826-015		⊢		-			\$36.00		L -	-		 	 	 	O1	•
<u> </u>		HumanaChoicePPO PPO R5826-029		1	- :-	1			\$77.00	\$14.42	†	•	<u> </u>	—	†	1	97	•
		HumanaChoicePPO PPO R5826-002		1	•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							,	. , -	Cost	•				erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FRANKLIN	Capital Advantage Insurance Company	SeniorBlue PPO							\$124.00	\$27.01							84	
TOUNCEIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•	<u> </u>		•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
	Ctarling Ontion I	SecureHorizons Direct Premier Plan 200				•			\$85.00	-					1			
	Sterling Option I Today's Option	Sterling Option I Today's Options Basic	1	1		•		1	\$9.00 \$23.95	-	1	1	1		1			
	Today 5 Option	Today's Options Premier	 	 		•	-	 	\$37.95	-	 	1			 			
FULTON	Capital Advantage Insurance Company								\$124.00	\$27.01				•			84	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	D	Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00 \$95.00						1			
	Sterling Option I	SecureHorizons Direct Premier Plan 100 Sterling Option I				•			\$95.00	-								
GREENE	Advantra PPO	Advantra PPO Gold				<u> </u>			\$100.00	\$21.53				•	1		98	•
OKELIVE	HealthAmerica Advantra	Advantra Silver	•						\$0.00	\$0.00	•			•			76	•
		Advantra Gold	•						\$25.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•					\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Kayatana Haalib Dian Wast Inc	Humana Gold Choice PFFS H1804-093				•			\$104.00 \$0.00	\$21.16	•			•	1		97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA SecurityBlue Value RX Southwestern PA	•	1		1		1	\$0.00	- \$18.23					<u> </u>		87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	- : -			•	1		87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•			87	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
HUNTINGDON	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•	<u> </u>				<u> </u>	\$31.00	-					<u> </u>		70	
		GHP Gold Select Standard Rx GHP Gold Select \$0 Deductible Rx	<u>:</u>						\$54.00 \$55.00	\$23.28 \$23.68			•				72 72	•
		GHP Gold Select 50 Deductible RX GHP Gold Select Enhanced Rx	÷						\$67.00	\$35.66	•			•	1		72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred	l -	•		1	1	1	\$105.00	ψ33.00 -	<u> </u>	1		-	1		12	<u> </u>
		GHP Gold Preferred Standard Rx	†	•		t		†	\$128.00	\$23.28		†	•		†		72	•
		GHP Gold Preferred \$0 Deductible Rx	1	•				1	\$129.00	\$23.68	•	1		•			72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•	ļ	-		\$36.00	-	1	ļ			ļ		07	
		HumanaChoicePPO PPO R5826-029			•	 	-	 	\$77.00	\$14.42		•			 		97	•
	SecureHorizons Direct	HumanaChoicePPO PPO R5826-002 SecureHorizons Direct Plan 4			•			-	\$86.00 \$25.00	\$22.81	•	-		•	-		97	•
	Secure/10112011S Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 200	 	 		-:		 	\$25.00	-	1	 			 			
	Sterling Option I	Sterling Option I							\$9.00	-		 			1			
	Today's Option	Today's Options Basic	 	 		•		 	\$23.95	-	-	-			 			
-		Today's Options Premier	1	 	1	•	 	 	\$37.95	-	I	t			l	l		1

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description	u		2			Ju. 111			Cost	PGIT	-, -, -, -, -,			erage		Convenience
			M		ype of Advantage	Plan						rug Deduc	tible		Type of Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Gateway Health Plan Medicare								ĺ				,		, , , , , , , , , , , , , , , , , , ,			
INDIANA	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•			<u> </u>		\$86.00	\$18.23	•	<u> </u>		•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-		<u> </u>					07	
		HumanaChoicePPO PPO R5826-029		-	•		-		\$77.00 \$86.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002 Humana Gold Choice PFFS H1804-093		<u> </u>	•		-		\$86.00	\$22.81	•	-		•			97 97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA				•	1		\$0.00	\$21.16	•		-	•			97	•
	Reystone Health Flan West, Inc.	SecurityBlue Value RX Southwestern PA	•	 			 	-	\$25.00	\$18.23	•	<u> </u>		•			87	
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	- ·			•			87	•
	1	SecurityBlue Deluxe Southwestern PA	•	 	 	 	t		\$96.00	\$37.36	· •	 		•			87	•
	Sterling Option I	Sterling Option I	<u> </u>			•			\$9.00	φον.σο -	<u> </u>	†					Ŭ.	
	Unison Health Plan	Unison Advantage Choice	•			 	t		\$32.59	\$32.59	1	1		•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	ſ
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	ſ
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								1
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
JEFFERSON	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002		-	•		-		\$86.00 \$104.00	\$22.81 \$21.16	•			•			97 97	•
	Ctarling Option I	Humana Gold Choice PFFS H1804-093 Sterling Option I		-	-	•	-		\$104.00	\$21.16	•			•			97	
	Sterling Option I Unison Health Plan	Unison Advantage Choice	•			•	1		\$32.59	\$32.59				•			94	
	Offisoff Fleatur Flair	Unison Advantage Choice Unison Advantage Plus	· ·						\$32.59	\$32.59			-	•			82	——
		Unison Advantage Preferred	· :						\$96.51	\$49.16			•				94	
	UPMC Health Plan	UPMC for Life HMO	•			1	1		\$0.00	φ+3.10				•			34	—
	or me ricular rian	UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•	1	•			85	•
		UPMC for Life HMO Rx	•			1			\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
JUNIATA	Capital Advantage Insurance Company	SeniorBlue PPO							\$113.00	\$27.01							84	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$31.00	-								
		GHP Gold Select Standard Rx	•						\$54.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$55.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$67.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred	<u> </u>	•		<u> </u>			\$105.00	-	<u> </u>	<u> </u>		ļ				
		GHP Gold Preferred Standard Rx	ļ	•	 	ļ	<u> </u>		\$128.00	\$23.28		ļ	•		1		72	•
		GHP Gold Preferred \$0 Deductible Rx	<u> </u>	•		ļ	<u> </u>		\$129.00	\$23.68	•	ļ		•	1		72	•
	I I I I I I I I I I I I I I I I I I I	GHP Gold Preferred Enhanced Rx	<u> </u>	•	<u> </u>	<u> </u>	 		\$141.00	\$35.66	•	<u> </u>	.	•	1		72	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015	<u> </u>		•		<u> </u>		\$36.00	64440		<u> </u>					07	
-		HumanaChoicePPO PPO R5826-029 HumanaChoicePPO PPO R5826-002	1	 	•	 	<u> </u>	-	\$77.00	\$14.42	 	•		_	1		97	•
	+		1	 	•		<u> </u>	-	\$86.00 \$104.00	\$22.81 \$21.16	•	 	-	•	 		97 97	•
<u> </u>	Keystone Health Plan Central, Inc	Humana Gold Choice PFFS H1804-093 SeniorBlue Option 4		1	1	•	1		\$104.00	φ∠1.10	•	1		•	1		91	•
<u> </u>	neysione nealth Plan Central, Inc	SeniorBlue Option 3	:	1	1	1	1		\$44.00 \$68.00	\$27.01	1	•			1		84	
<u> </u>	+	SeniorBlue Option 3	:	1	1	1	1		\$117.00	\$27.01	1	<u> </u>		:	1		84	
<u> </u>	+	SeniorBlue Option 1	<u> </u>			 	<u> </u>		\$157.00	\$27.01	 	•		•			84	:
	SecureHorizons Direct	SecureHorizons Direct Plan 3		 	1		 	1	\$0.00	ψε1.UI -	 			-	1		U44	
	SSSUIGI IGIIZGIIS DIIGGE	SecureHorizons Direct Plan 3	 	 	 	•	t		\$95.00	-	!	 		 	-			
	Sterling Option I	Sterling Option I	1	†	†	•			\$9.00	-	1	1	<u> </u>	 	t			
	1g option :		1		·			1	ψ0.00	1	1	1	1	1	1			

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LACKAWANNA	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$33.00	-								
		GHP Gold Select Standard Rx	•					\$56.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$57.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$69.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•					\$84.00	-								
		GHP Gold Classic Standard Rx	•					\$107.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•					\$108.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•					\$120.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-								
	3	GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value North East PA		•				\$20.00	-								
		FreedomBlue PPO Standard North East PA						\$83.00	\$18.23				•			87	•
		FreedomBlue PPO Deluxe North East PA		•				\$112.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•			\$36.00	-								ı
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Sterling Partners - Pennsylvania	Sterling Partners- Pennsylvania				•		\$39.00	\$39.00		•		•			95	•
	Unison Health Plan	Unison Advantage Choice	•					\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•					\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•					\$96.51	\$49.16			•	•			94	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LANCASTER	Advantra PPO	Advantra PPO Gold		•		00.7.00	 	\$77.00	\$27.58	•	71000000	(\$250)	•	0,	Diana	98	•
	Amerihealth 65	AmeriHealth 65	•					\$23.68	\$23.68			•				88	
	Capital Advantage Insurance Company Gateway Health Plan Medicare		-					\$124.00	\$27.01			-	•			84	•
	Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					\$30.00	-								
		GHP Gold Select Standard Rx	•					\$53.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$54.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$66.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•					\$78.00	-								
		GHP Gold Classic Standard Rx	•					\$101.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•					\$102.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•					\$114.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				٠		\$0.00	-								
		GHP Gold Choice Standard Rx				•		\$23.00	\$23.00			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•		\$24.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•		\$36.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•				\$105.00	-								
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	HealthAmerica Advantra	Advantra Silver	•					\$47.00	\$11.12	•			•			76	•
	Highmark Inc.	FreedomBlue PPO Value Central PA		•				\$0.00	-								
	<u> </u>	FreedomBlue PPO Standard Central PA		•				\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•				\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•
	·	HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•					\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•					\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•					\$96.51	\$49.16			•	•			94	
	United Healthcare Insurance Company							\$25.00	\$0.00				•	_		97	•
		UnitedHealthcare Medicare Complete Choice		•				\$25.00	-								
		Evercare Plan IP						\$31.24	\$31.24				•			97	•
		Evercare Plan DP						\$32.59	\$32.59				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LAWRENCE	Advantra PPO Gateway Health Plan Medicare	Advantra PPO Gold		•				$\vdash \vdash$	\$100.00	\$21.53	•			•			98	•
	Assured	Gateway Health Plan Medicare Assured						1 1	\$24.58	\$24.58				•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$0.00	\$0.00	•			•			76	•
		Advantra Gold	•					igspace	\$25.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA HumanaChoicePPO PPO R5826-015		•			<u> </u>	igspace	\$86.00	\$18.23	•			•	<u> </u>		87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015 HumanaChoicePPO PPO R5826-029			•			$\vdash \vdash$	\$36.00 \$77.00	- \$14.42					1		97	•
		HumanaChoicePPO PPO R5826-002			·			\vdash	\$86.00	\$22.81		•		•			97	· :
		Humana Gold Choice PFFS H1804-093			·	•	 	$\vdash \vdash$	\$104.00	\$21.16	<u> </u>	-		-	1		97	
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•			†	1	\vdash	\$0.00	-				1	 			
		SecurityBlue Value RX Southwestern PA	•					\Box	\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•					\Box	\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I				•	<u> </u>	╙	\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•				<u> </u>	igspace	\$32.59	\$32.59			•	•	<u> </u>		94	
		Unison Advantage Plus	•					${igspace}$	\$32.59 \$96.51	\$32.59 \$49.16			•				82 94	
	UPMC Health Plan	Unison Advantage Preferred UPMC for Life HMO	•				1	$\vdash \vdash$	\$0.00	\$49.16			•	•	1		94	
	OFINIC Health Flair	UPMC for Life Specialty Plan	·				1	$\vdash \vdash$	\$19.12	\$19.12		-		•			85	
		UPMC for Life HMO Rx	•					\vdash	\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
LEBANON	Advantra PPO	Advantra PPO Gold		•					\$77.00	\$27.58	•			•			98	•
	Capital Advantage Insurance Company	SeniorBlue PPO							\$124.00	\$27.01							84	
	Gateway Health Plan Medicare								ĺ									
	Assured	Gateway Health Plan Medicare Assured	•					ш	\$24.58	\$24.58	•			•			83	
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•					lacksquare	\$30.00	-								
		GHP Gold Select Standard Rx	٠				<u> </u>	igspace	\$53.00	\$23.28			•		<u> </u>		72	•
		GHP Gold Select \$0 Deductible Rx GHP Gold Select Enhanced Rx	•				ļ	$\vdash \vdash$	\$54.00	\$23.68	•			•			72	•
		Geisinger Health Plan Gold Classic	-				1	$\vdash \vdash$	\$66.00 \$78.00	\$35.66	•			•	1		72	•
		GHP Gold Classic Standard Rx	·					\vdash	\$101.00	\$23.28			•				72	
		GHP Gold Classic \$0 Deductible Rx	•					\vdash	\$102.00	\$23.68	•		-	•			72	•
		GHP Gold Classic Enhanced Rx	•					\vdash	\$114.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$0.00	-								
_		GHP Gold Choice Standard Rx				•			\$23.00	\$23.00			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•		igspace	\$24.00	\$23.68	•			•	ļ		72	•
	Opticional Health Bt. C. 118. (GHP Gold Choice Enhanced Rx				•	<u> </u>	igspace	\$36.00	\$35.66	•			•	ļ		72	•
-	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred GHP Gold Preferred Standard Rx		•		 	-	$\vdash \vdash \vdash$	\$105.00	- *22.20	!	!		1	 		70	_
		GHP Gold Preferred Standard Rx GHP Gold Preferred \$0 Deductible Rx		•		<u> </u>	1	$oldsymbol{oldsymbol{eta}}$	\$128.00 \$129.00	\$23.28 \$23.68			•	•	1		72 72	•
		GHP Gold Preferred 50 Deductible RX GHP Gold Preferred Enhanced Rx		•		1	\vdash	\vdash	\$129.00	\$35.66	-:			•	 		72	•
	HealthAmerica Advantra	Advantra Silver	•			 	1	\vdash	\$47.00	\$11.12	<u> </u>	1		-	1		76	
	Highmark Inc.	FreedomBlue PPO Value Central PA		•		1	t	\vdash	\$0.00	-					1			-
	<u> </u>	FreedomBlue PPO Standard Central PA		•				\Box	\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•					\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•	ļ		┷	\$77.00	\$14.42		•		ļ	ļ		97	•
	Occupation of Birms	HumanaChoicePPO PPO R5826-002			•		<u> </u>	igsquare	\$86.00	\$22.81	•			•	ļ		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•	1	$oldsymbol{oldsymbol{}}$	\$0.00	-					-			
ļ	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				•	 	$\vdash \vdash \vdash$	\$85.00 \$9.00	-	-	-		-	1			
			1	i l	1	. •	1	, ,	ψ3.00		i	i	1	1	1	1		l
	otening option i	UnitedHealthcare MedicareComp Essential						1 1										

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	•				erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LEHIGH	Aetna Medicare	Aetna Golden Choice Value Plan		•					\$49.00	\$31.26			•	•			85	•
		Aetna Golden Choice Standard Plar		•					\$59.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$115.00	\$57.41	•			•	•		97	•
	Amerihealth 65	AmeriHealth 65	•						\$23.68	\$23.68			•				88	
	Capital Advantage Insurance Company Gateway Health Plan Medicare	SeniorBlue PPO							\$137.00	\$27.01				•			84	
	Assured	Gateway Health Plan Medicare Assured							\$24.58	\$24.58							83	
——	Highmark Inc.	FreedomBlue PPO Value Central PA	•		-	1	1		\$24.56	φ24.00	+ -	1	 	<u> </u>			03	-
<u> </u>	n iigninark inc.	FreedomBlue PPO Value Central PA FreedomBlue PPO Standard Central PA		:	 	 	\vdash		\$63.00	\$18.23		 	 		-		87	•
<u> </u>		FreedomBlue PPO Deluxe Central PA		÷	<u> </u>	!	-	-	\$92.00	\$37.32	<u> </u>		 	:			87	•
 	Humana Insurance Company	HumanaChoicePPO PPO R5826-015		⊢•		 	\vdash		\$92.00		<u> </u>	 	 		-		0/	-
-	numana insurance company	HumanaChoicePPO PPO R5826-019		<u> </u>	•	 	-	-	\$36.00	- \$14.42	1		 				97	•
		HumanaChoicePPO PPO R5826-002			-				\$86.00	\$22.81		_ -					97	
		Humana Gold Choice PFS H1804-093			•				\$104.00	\$21.16	<u> </u>			•			97	•
	Karatana Hashb Blas Cantal Inc			-		•				\$21.10	•			•			97	•
	Keystone Health Plan Central, Inc	Senior Blue Option 4							\$57.00								0.4	
		Senior Blue Option 3	•						\$81.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•	-					\$126.00	\$27.01		•		•			84	•
	O Di t	SeniorBlue Option 1	•						\$164.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
	0. 1. 0.1. 1	SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
LUZERNE	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$88.00									
		GHP Gold Select Standard Rx	•						\$111.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$112.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$124.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•						\$133.00	-								
		GHP Gold Classic Standard Rx	•						\$156.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•						\$157.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•						\$169.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•					\$105.00	-								
		GHP Gold Preferred Standard Rx		•					\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•					\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value North East PA FreedomBlue PPO Standard North East PA		•					\$20.00 \$83.00	\$18.23							87	
		FreedomBlue PPO Deluxe North East PA							\$112.00	\$37.32				•			87	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•		İ	•			97	•
		HumanaChoicePPO PPO R5826-015			•	1			\$36.00	-	1	1		İ				
		HumanaChoicePPO PPO R5826-029			•	1			\$77.00	\$14.42	1	•		İ			97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81				•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4							\$25.00	-								
	5,555.55.55.55.55.55.55.55.55.55.55.55.5	SecureHorizons Direct Premier Plan 100			1	•	1		\$95.00	-			l	†				†
	Sterling Option I	Sterling Option I				•	1		\$9.00	-	1	1	l	1				1
	Unison Health Plan	Unison Advantage Choice	•				1		\$32.59	\$32.59	1	1					94	1
-		Unison Advantage Plus	•	1		1			\$32.59	\$32.59	1	1	•	<u> </u>			82	
		Unison Advantage Preferred	•	 			-	_	\$96.51	\$49.16	+	+	-		-	-	94	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LYCOMING	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$36.00	-			(* /		,		,	
		GHP Gold Select Standard Rx	•						\$59.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$60.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$72.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•						\$82.00	-								
		GHP Gold Classic Standard Rx	•						\$105.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•						\$106.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•						\$118.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•			\$50.00	-								
	,	GHP Gold Choice Standard Rx				•			\$73.00	\$23.28			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•			\$74.00	\$23.68	•			•			72	•
	,	GHP Gold Choice Enhanced Rx				•			\$86.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•					\$105.00	-								
		GHP Gold Preferred Standard Rx		•					\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•					\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
MC KEAN	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MERCER	Highmark Inc.	FreedomBlue PPO Crawford/Erie/Mercer		•					\$81.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	W	Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Crawford/Erie/Mercer	•						\$19.00	-								
		SecurityBlue Value RX																
		Crawford/Erie/Mercer	•						\$44.00	\$18.23	•			•			87	•
		SecurityBlue Standard																
		Crawford/Erie/Mercer	•						\$64.00	\$18.23	•	ļ		•			87	•
		Consider Phys. Robinson Consultant (Fig. 1944)							604.00	607.00							07	
	0. 1. 0	SecurityBlue Deluxe Crawford/Erie/Mercer	•						\$91.00	\$37.39	•	ļ		•	•		87	•
	Sterling Option I	Sterling Option I	1	1		•	1		\$9.00	- \$22.50	1	1	1		1	1	0.4	├
	Unison Health Plan	Unison Advantage Choice	•	<u> </u>		<u> </u>	<u> </u>		\$32.59	\$32.59	<u> </u>	<u> </u>	•	•	1		94	
		Unison Advantage Plus	•	<u> </u>			<u> </u>		\$32.59	\$32.59	ļ	<u> </u>	•		1		82	
	LIBNO II III BI	Unison Advantage Preferred	•			 	!		\$96.51	\$49.16	ļ	ļ	•	•	1	ļ	94	
	UPMC Health Plan	UPMC for Life HMO	•	<u> </u>			<u> </u>		\$0.00		ļ	<u> </u>			1			
		UPMC for Life Specialty Plan	•				!		\$19.12	\$19.12	ļ	•		•	1	ļ	85	•
		UPMC for Life HMO Rx	•			 	!		\$74.00	\$22.00	ļ	•		•	1	ļ	85	•
		UPMC for Life PPO	<u> </u>	•		<u> </u>	<u> </u>		\$75.76	-	<u> </u>	<u> </u>	.		1			
		UPMC for Life PPO Rx		•		l			\$121.00	\$32.00	l	•		•			85	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	0	OiPlus BBO					1 1		****								
MIFFLIN	Capital Advantage Insurance Company			•			\longmapsto	\$113.00	\$27.01		٠		•			84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•		ļ		$ldsymbol{ldsymbol{\sqcup}}$	\$21.00	-								
		GHP Gold Select Standard Rx	•				لـــــــا	\$44.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$45.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•	ļ			لـــــــ	\$57.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•				<u> </u>	\$72.00	-								
		GHP Gold Classic Standard Rx	•				<u> </u>	\$95.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•				<u> </u>	\$96.00	\$23.68	•			•			72	•
		GHP Gold Classic Enhanced Rx	•				ļļ	\$108.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•			ļļ	\$105.00	-								
		GHP Gold Preferred Standard Rx		•			1	\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•			1	\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	•	1		•			97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•					\$44.00	-		1						
	, , , , , , , , , , , , , , , , , , , ,	SeniorBlue Option 3	•					\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•		1		\vdash	\$117.00	\$27.01		•					84	•
		SeniorBlue Option 1	•		1		\vdash	\$157.00	\$27.01							84	•
	Sterling Option I	Sterling Option I			1		\vdash	\$9.00	-		1					<u> </u>	-
	Today's Option	Today's Options Basic			1	•	\vdash	\$23.95	-								
	Today o option	Today's Options Premier			1	•	\vdash	\$37.95	-		1						
MONROE	Aetna Medicare	Aetna Golden Choice Value Plan		•			$\vdash \vdash \vdash$	\$49.00	\$31.26		-	•			-	85	•
WOTTIOL	Actia Medicare	Aetna Golden Choice Standard Plar		•			$\vdash \vdash \vdash$	\$59.00	\$41.88	•	-			•	-	85	•
		Aetna Golden Choice Premier Plan		·			$\vdash \vdash \vdash$	\$115.00	\$57.41	•	-		•	•	-	97	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select		l i			$\vdash \vdash \vdash$	\$53.00	φοτ.+1 -		-		-		-	- 57	
	Gelsinger Fledium Flam Cold	GHP Gold Select Standard Rx	•				$\vdash \vdash \vdash$	\$76.00	\$23.28		-	•			-	72	•
		GHP Gold Select \$0 Deductible Rx	<u> </u>	 	1		$\vdash \vdash$	\$77.00	\$23.68			-				72	•
		GHP Gold Select Enhanced Rx	÷	 	1		$\vdash \vdash$	\$89.00	\$35.66	· :		l	 			72	- :
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred	+ •		1		$\vdash \vdash$	\$105.00	\$35.00	•	1	l	<u> </u>	1	1	12	•
	Geisinger Fleatur Flan Gold Preferred	GHP Gold Preferred Standard Rx	1	<u> </u>	1		$\vdash \vdash$	\$128.00	\$23.28	1	1	•	1	1	1	72	•
		GHP Gold Preferred \$0 Deductible Rx		÷	 		$\vdash \vdash$	\$120.00	\$23.68		-	<u> </u>		_	 	72	
		GHP Gold Preferred 50 Deductible Rx		•	 		igwdot	\$141.00	\$35.66	<u> </u>	1		•		<u> </u>	72	-:-
	Humana Inguranaa Campanu		1	· •	 		$\vdash \vdash$		φ30.00	•	1	 		1	 	12	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015	1	1	•		igspace	\$36.00	\$14.42	-		ļ	!	1	!	07	
		HumanaChoicePPO PPO R5826-029		1	•		\vdash	\$77.00		 	•	 	 	 	 	97	•
		HumanaChoicePPO PPO R5826-002		 	•		₩	\$86.00	\$22.81	•			•			97	•
	0	Humana Gold Choice PFFS H1804-093		<u> </u>		•	╙	\$104.00	\$21.16	•			•			97	•
	Sterling Option I	Sterling Option I			l	•		\$9.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MONTGOMERY	Aetna Medicare	Aetna Golden Medicare Value Plan	•					\$0.00	-			(*/		- ,			
	/ total modicare	Aetna Golden Medicare Basic Plan	•					\$0.00	\$0.00							85	
		Aetna Golden Medicare Standard Plan	•					\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Choice Value Plan		•				\$85.00	\$31.26	-		•	•			85	
		Aetna Golden Medicare Premier Plan	•	t i				\$85.00	\$57.41	•			•	•		97	•
	1	Aetna Golden Choice Standard Plar		•				\$95.00	\$41.88	•			•	•	 	85	•
	†	Aetna Golden Choice Premier Plan		•				\$149.00	\$57.41	•			•	•		97	
	Elder Health Pennsylvania, Inc.	Elder Health		t i				\$0.00	\$0.00	· ·			-	- -	 	94	•
	List. Health Chiloyivania, Ille.	Elder Health Select	•	1	1			\$32.59	\$32.59	l -			<u> </u>			94	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015						\$36.00	φο2.00							- 54	
	ridinaria insurance company	HumanaChoicePPO PPO R5826-029		1	•			\$77.00	\$14.42		•					97	•
	+	HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•	<u> </u>					97	
		Humana Gold Choice PFFS H1804-093		 	l 	•		\$104.00	\$21.16	-			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•					\$0.00	φ21.10				-			- 01	
	regalone do	Keystone 65 Complete	•					\$25.44	\$25.44			•				88	
	+	Keystone 65 Value Rx Option I	•					\$35.00	\$35.00			•				97	•
	+	Keystone 65 Value Rx Option II	•					\$42.00	\$42.00	•			•			97	•
	+	Keystone 65 Standard Medical Only	•					\$50.00	φ+2.00				-			- 01	
		Keystone 65 Standard Rx Option	•					\$85.00	\$35.11							97	
	+	Keystone 65 Standard Rx Option I	•					\$92.00	\$43.17				•			97	•
	+	Keystone 65 Direct Medical Only	•					\$92.00	-							- 01	
		Keystone 65 Standard Rx Option II	•					\$120.00	\$67.25	•						97	•
	+	Keystone 65 Direct Rx Option II	•					\$134.00	\$43.17	•			•			97	•
		Keystone 65 Direct Rx Option III	•					\$162.00	\$67.25	•			•	•		97	•
	Personal Choice 65	Personal Choice 65 Value Medical Only						\$120.00	-							· ·	
	r disortal entoice se	Personal Choice 65 Standard Medical Only						\$130.00	-								
		Personal Choice 65 Value Rx Option		٠				\$155.00	\$35.11			•				97	•
		Personal Choice 65 Value Rx Option II		•				\$162.00	\$42.11	•			•			97	•
		Personal Choice 65 Standard Rx Option I						\$165.00	\$35.11			•				97	•
		Personal Choice 65 Standard Rx Option II						\$172.00	\$42.11				•			97	•
	Occion Bostones	Personal Choice 65 Standard Rx Option III						\$229.00	\$60.11	•			•		•	97	•
	Senior Partners	Senior Partners Silver	•	 				\$22.63	\$22.63	•			•	<u> </u>	<u> </u>	87	
	Sterling Option I	Sterling Option I				•		\$9.00	-	 				<u> </u>	ļ		
	United HealthCare Insurance Comp	pany Evercare Plan P						\$31.24	\$31.24				•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	·	Description					J		1 / '	Cost		•			erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduci	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MONTOUR	Capital Advantage Insurance Company	SeniorBlue PPO						\$113.00	\$27.01							84	
WONTOOK	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•	-				\$36.00	Ψ27.01		•		•			04	<u> </u>
		GHP Gold Select Standard Rx	•					\$59.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					\$60.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•					\$72.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•					\$82.00	-								
		GHP Gold Classic Standard Rx	•					\$105.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•					\$106.00	\$23.68	•			•			72	•
	Online and Hankle Blancould Obside	GHP Gold Classic Enhanced Rx	•					\$118.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice GHP Gold Choice Standard Rx	-			•		\$50.00 \$73.00	- \$23.28			•				72	•
-		GHP Gold Choice \$0 Deductible Rx				<u> </u>		\$73.00	\$23.68			•	•			72	•
		GHP Gold Choice Enhanced Rx				•		\$86.00	\$35.66	· :			•			72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred		•		_		\$105.00	-							- '-	<u> </u>
		GHP Gold Preferred Standard Rx		•				\$128.00	\$23.28			•				72	•
		GHP Gold Preferred \$0 Deductible Rx		•				\$129.00	\$23.68	•			•			72	•
		GHP Gold Preferred Enhanced Rx		•				\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•					\$44.00	-							84	
		SeniorBlue Option 3 SeniorBlue Option 2	•					\$68.00 \$117.00	\$27.01 \$27.01		•		•			84	•
		SeniorBlue Option 1	•					\$157.00	\$27.01		<u> </u>					84	· :
	SecureHorizons Direct	SecureHorizons Direct Plan 1	Ť			•		\$0.00	Ψ27.01		<u> </u>		-			04	—
	Cocaror torizono Birost	SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Today's Option	Today's Options Basic				•		\$23.95	-								
		Today's Options Premier				•		\$37.95	-								
NORTHAMPTON	Aetna Medicare	Aetna Golden Choice Value Plan		•				\$49.00	\$31.26			•	•			85	•
		Aetna Golden Choice Standard Plar		•				\$59.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•				\$115.00	\$57.41	•			•	•		97	•
	Amerihealth 65	AmeriHealth 65	•					\$23.68	\$23.68	 	ļ	•				88	
	Capital Advantage Insurance Company	SeniorBlue PPO		•				\$137.00	\$27.01				•			84	•
	Gateway Health Plan Medicare							_	I					1			1
	Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83	
	Highmark Inc.	FreedomBlue PPO Value Central PA		٠				\$0.00	-							07	
		FreedomBlue PPO Standard Central PA FreedomBlue PPO Deluxe Central PA		•				\$63.00 \$92.00	\$18.23	•	 		•	-	-	87 87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015		•				\$92.00 \$36.00	\$37.32	•			•	 		8/	•
-	numana insurance Company	HumanaChoicePPO PPO R5826-015			•			\$36.00	\$14.42	1			-			97	•
	 	HumanaChoicePPO PPO R5826-028			- :			\$86.00	\$14.42		•		•	 		97	•
	 	Humana Gold Choice PFFS H1804-093				•		\$104.00	\$21.16	<u> </u>			•	 		97	•
	Keystone Health Plan Central, Inc	Senior Blue Option 4	•			Ť		\$57.00	Ψ21.10	t	†		<u> </u>			,	
	, roam ram comai, mo	Senior Blue Option 3	•					\$81.00	\$27.01	†	•		•			84	•
		SeniorBlue Option 2	•					\$126.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•					\$164.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-	ľ	1				l		

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						3-		1 -71	Cost		, -			erage		Convenience
		·	M		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NORTH CUMBERLAND	Capital Advantage Insurance Company	SeniorBlue PPO							\$113.00	\$27.01				•			84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$70.00	-								
		GHP Gold Select Standard Rx							\$93.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$94.00	\$23.68				•			72	•
		GHP Gold Select Enhanced Rx							\$106.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091							\$0.00	\$0.00				•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42							97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	Keystone Health Plan Central, Inc.	SeniorBlue Option 4	•						\$44.00	-								
		SeniorBlue Option 3							\$68.00	\$27.01				•			84	•
		SeniorBlue Option 2							\$117.00	\$27.01				•			84	•
		SeniorBlue Option 1							\$157.00	\$27.01				•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3							\$0.00	-								
		SecureHorizons Direct Premier Plan 200							\$85.00	-								
	Sterling Option I	Sterling Option I							\$9.00	-								
PERRY	Capital Advantage Insurance Company	SeniorBlue PPO							\$113.00	\$27.01							84	•
	Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured FreedomBlue PPO Value Central PA							\$24.58 \$0.00	\$24.58	•			•			83	
	Highmark Inc.	FreedomBlue PPO Standard Central PA		•					\$63.00	\$18.23				•			87	
	1	FreedomBlue PPO Deluxe Central PA		•		1			\$92.00	\$37.32	•			•	1		87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
	1	HumanaChoicePPO PPO R5826-029			•		<u> </u>		\$77.00	\$14.42		•					97	•
	Keystone Health Plan Central, Inc	HumanaChoicePPO PPO R5826-002 SeniorBlue Option 4		 	•	 	1		\$86.00 \$44.00	\$22.81	•	 		•	1		97	•
	neysione nealth Plan Central, INC	SeniorBlue Option 4 SeniorBlue Option 3	•	1		1	1	-	\$44.00 \$68.00	\$27.01	1		1	•	1		84	•
	†	SeniorBlue Option 2	•	 		 	 		\$117.00	\$27.01	1	· ·		•	 		84	•
	1	SeniorBlue Option 1	•				1		\$157.00	\$27.01		•		•	1		84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•				<u> </u>		\$32.59	\$32.59	ļ		•	•			94	
	+	Unison Advantage Plus	•	 		 	-	-	\$32.59	\$32.59	 	!	•		1		82	
<u> </u>	1	Unison Advantage Preferred	•	<u> </u>		<u> </u>	<u> </u>	l	\$96.51	\$49.16	L	L	•	•	1		94	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduci	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	НМО		Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PHILADELPHIA	Aetna Medicare	Aetna Golden Medicare Metro Value Plan							\$0.00	_								
THILADELITIA	Actia Medicare	Aetna Golden Medicare Basic Plar	•				-	-	\$0.00	\$0.00	•			•			85	•
	+	Aetna Golden Medicare Metro Standard							ψ0.00	ψ0.00		-					- 00	-
		Plan							\$35.00	\$35.00							85	
	+	Aetna Golden Choice Metro Value Plar	_	•					\$85.00	\$31.26	•		•	•	•		85	•
		Aetna Golden Medicare Premier Plan	•				-	-	\$85.00	\$57.41	•		-	•			97	•
		Actina Colden Medicare Fremier Fran	Ť				-	-	Ψ05.00	ψ37.41				•	•		31	•
1		Aetna Golden Choice Metro Standard Plan					1		\$95.00	\$41.88				١.			85	
	†	Aetna Golden Choice Premier Plan		•			1		\$149.00	\$57.41	•	1		·	•		97	·
	Elder Health Personal Care Choice	AmeriChoice Personal Care Plus	•						\$28.05	\$28.05			•				84	-
	Elder Health Pennsylvania, Inc.	Elder Health	•	1			1		\$0.00	\$0.00	•	1	<u> </u>	•			94	•
	, I Salar r ormoj rama, mo.	Elder Health Select	•	1			1		\$32.59	\$32.59	<u> </u>	1	•	<u> </u>			94	·
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015							\$36.00	-								
	Tramana modranos company	HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093							\$104.00	\$21.16	•			•			97	•
	Keystone 65	Keystone 65 Value Medical Only	•						\$0.00	-							0.	
	Troyetene co	Keystone 65 Complete	•						\$24.72	\$24.72			•				88	
		Keystone 65 Value Rx Option I	•						\$35.00	\$35.00			•				97	•
		Keystone 65 Value Rx Option I	•						\$42.00	\$42.00	•			•			97	•
		Keystone 65 Standard Medical Only	•						\$45.00	-								
		Keystone 65 Standard Rx Option	•						\$80.00	\$35.11			•				97	•
		Keystone 65 Standard Rx Option I	•						\$87.00	\$43.17	•			•			97	•
		Keystone 65 Direct Medical Only	•						\$87.00	-								
		Keystone 65 Standard Rx Option II	•						\$105.00	\$67.25	•			•		•	97	•
		Keystone 65 Direct Rx Option II	•						\$129.00	\$43.17	•			•			97	•
		Keystone 65 Direct Rx Option III	•						\$147.00	\$67.25	•			•		•	97	•
	Personal Choice 65	Personal Choice 65 Value Medical Only		•					\$120.00	-								
		•																
		Personal Choice 65 Standard Medical Only		•					\$130.00	-								
		Personal Choice 65 Value Rx Option		•					\$155.00	\$35.11			•				97	•
		Personal Choice 65 Value Rx Option II		•					\$162.00	\$42.11	•			•			97	•
		Personal Choice 65 Standard Rx Option I		•					\$165.00	\$35.11			•				97	•
		Personal Choice 65 Standard Rx Option II		•					\$172.00	\$42.11	•			•			97	•
		Personal Choice 65 Standard Rx Option III		•					\$229.00	\$60.11	•			•		•	97	•
	Senior Partners	Senior Partners Gold	٠						\$0.00	-								
		Senior Partners Silver	•						\$22.63	\$22.63	•			•			87	
		Senior Partners Gold Rx	٠						\$25.00	\$25.00			•	•			87	
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United HealthCare Insurance Company			•					\$31.24	\$31.24							97	•
PIKE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
1	Sterling Option I	Sterling Option I				•	1 -		\$9.00			1		1				1

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduci	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
POTTER	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•		ш	\$9.00	-								
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
SCHUYLKILL	Aetna Medicare	Aetna Golden Choice Value Plan		•				ш	\$49.00	\$31.26			•	•			85	•
		Aetna Golden Choice Standard Plar		•					\$59.00	\$41.88	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•				ш	\$115.00	\$57.41	•			•	•		97	•
	Capital Advantage Insurance Company							igsqcup	\$97.00	\$27.01		•					84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•	ļ				igspace	\$36.00	-								
		GHP Gold Select Standard Rx	•					igwdot	\$59.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•					igwdot	\$60.00 \$72.00	\$23.68 \$35.66	•			•			72	•
		GHP Gold Select Enhanced Rx	•	1				\vdash	\$72.00 \$82.00		•			•			72	•
		Geisinger Health Plan Gold Classic	•	1				\vdash		- \$23.28							70	
		GHP Gold Classic Standard Rx	•					igwdot	\$105.00				•				72	•
		GHP Gold Classic \$0 Deductible Rx GHP Gold Classic Enhanced Rx	•	1				\vdash	\$106.00 \$118.00	\$23.68 \$35.66	•			•			72 72	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred	·		-			$\vdash \vdash$	\$105.00	\$35.00 -	•	-		•		-	12	<u> </u>
	Geisinger Health Plan Gold Preferred	GHP Gold Preferred Standard Rx	 	÷	-			$\vdash \vdash$	\$105.00	\$23.28		-				-	72	
		GHP Gold Preferred \$0 Deductible Rx	1	÷				$\vdash \vdash$	\$129.00	\$23.26	•		•	•			72	•
		GHP Gold Preferred Enhanced Rx		•				$\vdash \vdash$	\$141.00	\$35.66	-			•			72	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015		<u> </u>				$\vdash \vdash$	\$36.00	-	•			•			12	- _
	Trumana msurance company	HumanaChoicePPO PPO R5826-029	 	 	<u> </u>		-	\vdash	\$77.00	\$14.42		•					97	
		HumanaChoicePPO PPO R5826-002	 	 	- : -		 	\vdash	\$86.00	\$22.81	•	L -				 	97	
	+	Humana Gold Choice PFFS H1804-093	 	 	 	•	1	$\vdash \vdash$	\$104.00	\$21.16	•			- :			97	•
	Keystone Health Plan Central, Inc	Senior Blue Option 4	•	 				\vdash	\$27.00	Ψ21.10	-			 			- 51	
	regional risalian rian central, me	SeniorBlue Option 3	•	 				\vdash	\$51.00	\$27.01		•					84	•
	+	SeniorBlue Option 2	•	†			-	\vdash	\$97.00	\$27.01	 	<u> </u>		- 			84	
	+	SeniorBlue Option 1	•	†			-	\vdash	\$132.00	\$27.01	 	· ·		-			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	 	 	 	•	 	\vdash	\$25.00	Ψ27.01	 	 		 		 	0,	
	CCCC.C/ TOTIZOTIO DITCOL	SecureHorizons Direct Premier Plan 100	1	1	1	·	1	\vdash	\$95.00	-	1	1				1		—
	Sterling Option I	Sterling Option I	1	1	1	•	1	\vdash	\$9.00	-	1	1				1		—
	Unison Health Plan	Unison Advantage Choice		1	1		1	\vdash	\$32.59	\$32.59	1	1				1	94	<u> </u>
		Unison Advantage Plus	•	1	1		1	\vdash	\$32.59	\$32.59	1	1	•	· ·		1	82	<u> </u>
	+	Unison Advantage Preferred	•	 	 		-	$\vdash \vdash$	\$96.51	\$49.16	l	1	•		 	1	94	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description			01.00			941112			Cost	Ja plan	5, 5. 110	. 50001		erage		Convenience
															Type of	Additional		23
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SNYDER		SeniorBlue PPO							\$113.00	\$27.01		•					84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$36.00	-								
		GHP Gold Select Standard Rx GHP Gold Select \$0 Deductible Rx	•			 			\$59.00 \$60.00	\$23.28			•	•			72	•
		GHP Gold Select Enhanced Rx	÷						\$72.00	\$23.68 \$35.66	- :			•			72 72	•
		Geisinger Health Plan Gold Classic	•						\$82.00	-								
		GHP Gold Classic Standard Rx	•						\$105.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•						\$106.00	\$23.68	•			•			72	•
	Cainingay Haalth Dlan Cald Drafessad	GHP Gold Classic Enhanced Rx	•						\$118.00	\$35.66	•			•			72	•
-	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred GHP Gold Preferred Standard Rx		•	-	1	 		\$105.00 \$128.00	\$23.28	1	1		1	1	1	72	•
		GHP Gold Preferred \$0 Deductible Rx		· ·		1	†		\$129.00	\$23.68	•	1	<u> </u>	•	1	1	72	•
		GHP Gold Preferred Enhanced Rx		•					\$141.00	\$35.66	•			•			72	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029 HumanaChoicePPO PPO R5826-002			•				\$77.00 \$86.00	\$14.42 \$22.81		•					97 97	•
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•		•				\$44.00	φ22.61	<u> </u>			•			91	•
	Trojeteno Fleatit Flati Contrat, me	SeniorBlue Option 3	•						\$68.00	\$27.01		•		•			84	•
		SeniorBlue Option 2	•						\$117.00	\$27.01		•		•			84	•
		SeniorBlue Option 1	•						\$157.00	\$27.01		•		•			84	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00 \$85.00	-								
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				•			\$85.00	-		-						
	Gateway Health Plan Medicare	Otening Option 1							ψ0.00									
SOMERSET	Assured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
		FreedomBlue PPO West Central PA		•					\$79.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029 HumanaChoicePPO PPO R5826-002			•				\$77.00 \$86.00	\$14.42 \$22.81		•		•			97 97	•
		Humana Gold Choice PFFS H1804-093			•				\$104.00	\$21.16	·			<u> </u>			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Bedford/Blair/Somerset							\$17.00	Ψ21.10							- 31	
		SecurityBlue Value RX							¥ 11.100									
		Bedford/Blair/Somers	•						\$42.00	\$18.23	•			•			87	•
		SecurityBlue Standard Bedford/Blair/Somers	•						\$62.00	\$18.23				•			87	•
		SecurityBlue Deluxe Bedford/Blair/Somerset	•						\$89.00	\$37.41	•			•	•		87	•
	Sterling Option I Unison Health Plan	Sterling Option I Unison Advantage Choice	•	!	-	•	1		\$9.00 \$32.59	\$32.59	1	-		—	1		94	
	Onison Flediul Flati	Unison Advantage Choice Unison Advantage Plus	•	 			<u> </u>		\$32.59	\$32.59		1	•	•			82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-				<u> </u>				
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life PDO	•	ļ			<u> </u>		\$74.00	\$22.00		•		•			85	•
<u> </u>		UPMC for Life PPO UPMC for Life PPO Rx		•		 	<u> </u>		\$75.76 \$121.00	\$32.00	<u> </u>	•		•	 		85	•
SULLIVAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-091		⊢ •					\$0.00	\$0.00		<u> </u>		•	 		97	•
	- Company	HumanaChoicePPO PPO R5826-015		1	•		†		\$36.00	-		1		1			·	-
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•		<u> </u>			97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		ļ		:	<u> </u>		\$0.00	-		ļ						
-	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I		 	 	•	1	-	\$85.00 \$9.00	-	1	1	1	 	1	1		
-	Today's Option	Today's Options Basic				<u> </u>			\$23.95	 	 	 		 	 			
		Today's Options Premier		1	1	•	t		\$37.95	-		1		1				

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						<u> </u>	,	<u>' ' '</u>	Cost					erage		Convenience
		·	М		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SUSQUEHANNA	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-			(* /		,		,	
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Today's Option	Today's Options Basic				•			\$23.95	-								
	1	Today's Options Premier		<u> </u>		•			\$37.95	-			ļ		<u> </u>			
TIOGA	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice		<u> </u>		•			\$45.00	-			ļ		<u> </u>			
	1	GHP Gold Choice Standard Rx		ļ	 	•			\$68.00	\$23.28	 	 	•		ļ		72	•
	1	GHP Gold Choice \$0 Deductible Rx		ļ	 	•			\$69.00	\$23.68	•	 	ļ	•	ļ		72	•
	<u> </u>	GHP Gold Choice Enhanced Rx		<u> </u>	<u> </u>	•			\$81.00	\$35.66	•		1	•	<u> </u>		72	•
-	Humana Insurance Company	Humana Gold Choice PFFS H1804-091		<u> </u>		•	-		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42	ļ	•					97	•
	Conved Insigned Disease	HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•	ļ		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00 \$85.00	-			1					
	Storling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I				•			\$9.00	-			-		<u> </u>			
	Sterling Option I	Today's Options Basic							\$9.00	-			1					
	Today's Option	Today's Options Basic Today's Options Premier			1	•			\$37.95	-	1		1		1			
	+	Today's Options Fremier				•			\$37.95	-				-	1			-
UNION	Capital Advantage Insurance Company			•					\$113.00	\$27.01		•		•			84	•
	Geisinger Health Plan Gold	Geisinger Health Plan Gold Select	•						\$36.00	-								
		GHP Gold Select Standard Rx	•						\$59.00	\$23.28			•				72	•
		GHP Gold Select \$0 Deductible Rx	•						\$60.00	\$23.68	•			•			72	•
		GHP Gold Select Enhanced Rx	•						\$72.00	\$35.66	•			•			72	•
		Geisinger Health Plan Gold Classic	•						\$82.00	-								
		GHP Gold Classic Standard Rx	•						\$105.00	\$23.28			•				72	•
		GHP Gold Classic \$0 Deductible Rx	•						\$106.00	\$23.68	•			•			72	•
	0 :	GHP Gold Classic Enhanced Rx	•						\$118.00	\$35.66	•			•			72	•
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice			ļ	•			\$50.00	-	ļ						70	
		GHP Gold Choice Standard Rx GHP Gold Choice \$0 Deductible Rx			ļ	•			\$73.00 \$74.00	\$23.28 \$23.68	•		•				72 72	•
		GHP Gold Choice 50 Deductible Rx							\$86.00	\$35.66	- : -		1	•			72	- :
	Geisinger Health Plan Gold Preferred					•				\$35.66	<u> </u>		-	•	<u> </u>		12	•
	Geisinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred GHP Gold Preferred Standard Rx		•		1			\$105.00 \$128.00	\$23.28			•		<u> </u>		72	
	+	GHP Gold Preferred \$0 Deductible Rx		+ :	1				\$128.00	\$23.28	•		•		1		72	-
 	+	GHP Gold Preferred \$0 Deductible RX GHP Gold Preferred Enhanced Rx		•	1	1			\$129.00	\$23.68	<u> </u>	1	1	•	1		72	\div
-	Humana Insurance Company	Humana Gold Choice PFFS H1804-091		-	1	٠.			\$0.00	\$0.00	<u> </u>		1	-	1		97	- :
	Tramana mourance company	HumanaChoicePPO PPO R5826-015		!	•	⊢ •			\$36.00	\$0.00		 		l 	 		31	
 	1	HumanaChoicePPO PPO R5826-029	-	1	- :	-	 	-	\$77.00	\$14.42	 	•	 	1	 		97	
 	1	HumanaChoicePPO PPO R5826-002	—	t	-:-	 	\vdash	 	\$86.00	\$22.81		L -	 		 		97	- : -
	Keystone Health Plan Central, Inc	SeniorBlue Option 4	•	 		 			\$44.00	\$22.01		 	†	t	-		Ji	
 	noystano ricultiri ian central, inc	SeniorBlue Option 3	•	1	 	-	 	-	\$68.00	\$27.01	 		 		 		84	
	+	SeniorBlue Option 2	•	 	 	 			\$117.00	\$27.01	 	- :	†	-	-		84	-
				1	.	1	-	-	\$157.00	\$27.01	 	-	 	- :	 		84	- :
	SecureHorizons Direct	SeniorBlue Option 1	•														04	
	SecureHorizons Direct	SeniorBlue Option 1 SecureHorizons Direct Plan 2	•			:			\$0.00	-							04	
		SeniorBlue Option 1 SecureHorizons Direct Plan 2 SecureHorizons Direct Premier Plan 200	•			•			\$0.00 \$85.00	-				-			04	
	SecureHorizons Direct Sterling Option I Today's Option	SeniorBlue Option 1 SecureHorizons Direct Plan 2	•						\$0.00	-							04	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	•				erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
VENANGO	Highmark Inc.	FreedomBlue PPO West Central PA		•		00.1.00			\$79.00	\$18.23	•	11000000	(\$200)	•	O.my	Dianao	87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-		ì					-	
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•	i e		•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•	i e		•			97	•
	Sterling Option I	Sterling Option I	1	1		•			\$9.00	-		1						
	UPMC Health Plan	UPMC for Life HMO		1					\$0.00	-		1						
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12	1	•		•			85	•
		UPMC for Life HMO Rx	•	1		1	1	1	\$74.00	\$22.00	1	•	1	•			85	•
		UPMC for Life PPO		•					\$75.76	-	1	1		-			- 00	
-		UPMC for Life PPO Rx	†	•		-	-		\$121.00	\$32.00	†	•	1	•			85	•
WARREN	Highmark Inc.	FreedomBlue PPO West Central PA		•					\$79.00	\$18.23		<u> </u>					87	•
WARREN	Humana Insurance Company	Humana Gold Choice PFFS H1804-091	 	L *			 	-	\$0.00	\$0.00	· :	<u> </u>		·			97	•
	Tramana modrance company	HumanaChoicePPO PPO R5826-015							\$36.00	-	<u> </u>			-			- 57	
		HumanaChoicePPO PPO R5826-029			-				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002	1	1	•		-		\$86.00	\$22.81		<u> </u>	 	•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3			•				\$0.00	φ22.61 -	+ · · ·	1	1	•			31	
	Securemonzons Direct	SecureHorizons Direct Prant 3 SecureHorizons Direct Premier Plan 200	1	1		- :	1		\$85.00		-	1						
	Otradia a Octional		1	1			1				-	1						
	Sterling Option I Today's Option	Sterling Option I				:			\$9.00 \$23.95	-		ļ						
	Today's Option	Today's Options Basic					-											
	Ontarior Hankle Bloom Markinson	Today's Options Premier				•	-		\$37.95	-								
	Gateway Health Plan Medicare								00150	20150								
WASHINGTON	Assured	Gateway Health Plan Medicare Assured	•				<u> </u>		\$24.58	\$24.58	•			•			83	
	HealthAmerica Advantra	Advantra Silver	•						\$42.00	\$11.12	•			•			76	•
		Advantra Gold	•				<u> </u>		\$56.00	\$21.53	•			•			98	•
	Highmark Inc.	FreedomBlue PPO Southwestern PA		•			<u> </u>		\$86.00	\$18.23	•			•			87	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
	Keystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
	UPMC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
WAYNE	Humana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•		1	1	\$86.00	\$22.81	•	1		•			97	•
		Humana Gold Choice PFFS H1804-093				•	1	1	\$104.00	\$21.16	•	1		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	†	†		•	†		\$25.00	-								
		SecureHorizons Direct Premier Plan 100	†	†		•	†		\$95.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

WESTMORELAND Adv			М		ype of													
WESTMORELAND Adv			Type of Medicare Advantage Plan							Beneficiary ug Drug	Drug Deductible		ible		Type of Addition Coverage Offered Drug Coverage G			
Gate	ganization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Premium)	Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Advantra PPO Gold		•					\$100.00	\$21.53	•			•			98	•
IASS.	teway Health Plan Medicare																	
	sured	Gateway Health Plan Medicare Assured	•						\$24.58	\$24.58	•			•			83	
Hea	althAmerica Advantra	Advantra Silver	•						\$0.00	\$0.00	•			•			76	•
<u> </u>		Advantra Gold	•						\$25.00	\$21.53	•			•			98	•
	ghmark Inc.	FreedomBlue PPO Southwestern PA		٠	ļ				\$86.00	\$18.23	•	ļ		•		 	87	•
Hun	mana Insurance Company	HumanaChoicePPO PPO R5826-015			•				\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•				\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002		<u> </u>	•				\$86.00	\$22.81	•			•			97	•
		Humana Gold Choice PFFS H1804-093				•			\$104.00	\$21.16	•			•			97	•
Key	ystone Health Plan West, Inc.	SecurityBlue Value Southwestern PA	•						\$0.00	-								
		SecurityBlue Value RX Southwestern PA	•						\$25.00	\$18.23	•			•			87	•
		SecurityBlue Standard Southwestern PA	•						\$45.00	\$18.23	•			•			87	•
		SecurityBlue Deluxe Southwestern PA	•						\$96.00	\$37.36	•			•	•		87	•
	erling Option I	Sterling Option I				•			\$9.00	-								
Unis	ison Health Plan	Unison Advantage Choice	•						\$32.59	\$32.59			•	•			94	
ĺ		Unison Advantage Plus	•						\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•						\$96.51	\$49.16			•	•			94	
UPI	MC Health Plan	UPMC for Life HMO	•						\$0.00	-								
		UPMC for Life Specialty Plan	•						\$19.12	\$19.12		•		•			85	•
		UPMC for Life HMO Rx	•						\$74.00	\$22.00		•		•			85	•
		UPMC for Life PPO		•					\$75.76	-								
		UPMC for Life PPO Rx		•					\$121.00	\$32.00		•		•			85	•
WYOMING Geis	isinger Health Plan Gold	Geisinger Health Plan Gold Select	•		ì				\$43.00	-		ì						
		GHP Gold Select Standard Rx	•		1				\$66.00	\$23.28		1	•				72	•
		GHP Gold Select \$0 Deductible Rx	•		1				\$67.00	\$23.68	•	1		•			72	•
		GHP Gold Select Enhanced Rx	•		1				\$79.00	\$35.66	•	1		•			72	•
		Geisinger Health Plan Gold Classic	•		1				\$99.00	-		1						
		GHP Gold Classic Standard Rx	•		1				\$122.00	\$23.28		1					72	•
		GHP Gold Classic \$0 Deductible Rx	•		1				\$123.00	\$23.68		1		•			72	•
		GHP Gold Classic Enhanced Rx	•						\$135.00	\$35.66	•			•		-	72	•
Gai	isinger Health Plan Gold Preferred	Geisinger Health Plan Gold Preferred	Ť		 				\$105.00	φυσ.σου -	<u> </u>	 		† Č		-	1,5	
Geis	gocalarri lan Gold i referred	GHP Gold Preferred Standard Rx	-		 				\$103.00	\$23.28		 		 		 	72	•
		GHP Gold Preferred \$0 Deductible Rx		· ·	1				\$129.00	\$23.68		1	·	 			72	<u> </u>
		GHP Gold Preferred Enhanced Rx		 :	1				\$129.00	\$35.66	- :	1		- :		1	72	•
Line	mana Insurance Company	Humana Gold Choice PFFS H1804-091		١	1				\$0.00	\$0.00	<u> </u>	1		- :		1	97	· :
пин	папа почтаное сопрану	HumanaChoicePPO PPO R5826-015		1	-	-			\$36.00	\$0.00	<u> </u>	1		<u> </u>		1	91	
		HumanaChoicePPO PPO R5826-029	-	1	•				\$36.00	\$14.42	-	•		 		 	97	-
——		HumanaChoicePPO PPO R5826-028	-	1					\$86.00	\$14.42		<u> </u>		 		 	97	•
0.00	ouroHorizono Direct		-	1	<u> </u>				\$0.00		•	 		•		 	9/	•
Sec	cureHorizons Direct	SecureHorizons Direct Plan 2	-		ļ	•			\$0.00	-		ļ		 		 		
	erling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I	-	1	!	•		ļ	\$85.00	-		!		!		 		└

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost	•				erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
YORK	Amerihealth 65	AmeriHealth 65	•					\$23.68	\$23.68			•				88	
	Capital Advantage Insurance Company	/ SeniorBlue PPO		•				\$124.00	\$27.01		•		•			84	•
	Gateway Health Plan Medicare																
	Assured	Gateway Health Plan Medicare Assured	•					\$24.58	\$24.58	•			•			83	
	Geisinger Health Plan Gold Choice	Geisinger Health Plan Gold Choice				•		\$0.00	-								
		GHP Gold Choice Standard Rx				•		\$23.00	\$23.00			•				72	•
		GHP Gold Choice \$0 Deductible Rx				•		\$24.00	\$23.68	•			•			72	•
		GHP Gold Choice Enhanced Rx				•		\$36.00	\$35.66	•			•			72	•
	Highmark Inc.	FreedomBlue PPO Value Central PA		•				\$0.00	-								
		FreedomBlue PPO Standard Central PA		•				\$63.00	\$18.23	•			•			87	•
		FreedomBlue PPO Deluxe Central PA		•				\$92.00	\$37.32	•			•			87	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-091				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-015			•			\$36.00	-								
		HumanaChoicePPO PPO R5826-029			•			\$77.00	\$14.42		•					97	•
		HumanaChoicePPO PPO R5826-002			•			\$86.00	\$22.81	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Unison Health Plan	Unison Advantage Choice	•					\$32.59	\$32.59			•	•			94	
		Unison Advantage Plus	•					\$32.59	\$32.59			•				82	
		Unison Advantage Preferred	•					\$96.51	\$49.16			•	•			94	
	United Healthcare Insurance Company							\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice						\$0.00	_								
		UnitedHealthcare MedicareComp Essential		Ť				ψ0.00							-		
		Rx				•		\$0.00	\$0.00	•			•			97	•
		Evercare Plan IP		•				\$31.24	\$31.24	•			•			97	•
		Evercare Plan DP		•				\$32.59	\$32.59	•						97	•